August 3/, 2005

CULTRARO

Doc Code: PTO/SHIEZ (01-00)
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Patient and Trademank Office U.S. DEPARTMENT OF COMMENCE
Under the Personnois Reduction Act of 1995, no persons are required to respond to a collection of information unless it deplays a valid CMS coverd number. Application Number 10/550,892

REVOCATION OF POWER OF

ATTORNEY WITH

Filing Date

NEW POWER OF ATTORNEY AND		Art Unit	3657		
		Examiner Name	Wittiams, Thomas J.		
CHANGE OF CORRESPONDENCE ADDRESS		Attorney Docket Number	S&C B0305		
I hereby revoke all previous powers of attorney given in the above-identified application:					
Thirds y to toke all provides politics of alterney gives with					
A Power of Attorney is submitted herewith.					
I hereby appoint the practitioners associated with the Customer Number: 27667					
Please change the correspondence address for the above-identified application to:					
The address associated with Customer Number:					
OR					
Firm or Individual Name	Norman P. Soloway				
Address	HAYES SOLOWAY P.C. 3450 E. Sunrise Drive, Suite 140				
City	Tueson	State	AZ	ZIP	85718
Country	USA				
Telephone	520-882-7623	Email			
Tem the: Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/S8/96)					
SIGNATURE of Applicant or Assignee of Record					
Signature Vantuna atterna					
Name Antonino Cultraro					
Date Otober	26, 2009	Telephone			
NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.					
☐ *Total of forms are submitted.					

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If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.